

Form A

Home Study Enrollment Notice (16 VSA §166b(a)(1))

Instructions:

1. Please fill out this form for EACH student being enrolled.
2. If Parent/Guardian 1 and Parent/Guardian 2 live at the same address, please just complete the Name, Phone and E-mail portion of Parent/Guardian 2 information.
3. Both parents/guardians must sign the bottom of this form. **The home study enrollment process cannot be completed without the signatures of both parents/guardians.**

Name of Student:	School Year:
Date of Birth:	Age:
Circle Type of Enrollment:	New Renewal
School student would have attended:	
Student Town of Residence:	

Parent/Guardian 1:	Parent/Guardian 2:
Address:	Address:
City:	City:
State:	State:
Zip:	Zip:
Primary Phone:	Primary Phone:
Secondary Phone:	Secondary Phone:
E-mail:	E-mail:

Check here if you would like to be added to the Home Study Listserv: ☐

Title 16 V.S.A. § 166b(a)(7) requires that the signatures of all custodial parents or guardians who are legally authorized to make educational decisions for the student are identified on the enrollment form. **Please sign below.**

Signature Parent/Guardian 1: _____

Signature Parent/Guardian 2: _____

Assurance of Legal Authorization to Make Educational Decisions

Dear Parent/Guardian,

On your enrollment form, the Vermont Agency of Education's (VTAOE) Home Study Program staff must be able to determine who is legally responsible for your student's education. It is sometimes difficult to determine this if there is a signature of a single parent/guardian if the signature/s of parents/guardians has a different surname as the child on the enrollment form. Title 16 V.S.A. § 166b(a)(7) requires that the signatures of all custodial parents or guardians who are legally authorized to make educational decisions for the student are identified on the enrollment form.

A student in the physical custody of a parent/guardian does not necessarily mean that the parent/guardian also is also legally authorized to make educational decisions. For example, in situations where parents/guardians are divorced or separated, both parents/guardians remain responsible for making educational decisions unless a legal document (parental rights and responsibilities order, divorce decree, parentage order, etc.) designates one parent/guardian solely or primarily responsible for educational decisions. Another example would include a student who is in the custody of the Department of Children and Families (DCF) and living with a foster family. The foster family does not have the authority to make educational decisions and thus could not enroll a student in a Home Study Program.

To ensure that the parents/guardians who are legally authorized to make educational decisions are enrolling their children in a Home Study Program, we need to have the parents/guardians sign below.

Please fill out the form on the following page and return it to the Home Study Program at the Agency of Education.

Assurance of Legal Authorization to Make Educational Decisions (page 2)

Date: _____ Name of Student: _____

Name(s) of Parent(s)/Guardian(s): _____

Please verify with your signature that the individuals(s) listed above include all who are authorized to make educational decisions for the student.

By signing I certify that the information given on this form is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Minimum Course of Study (MCOS) and Adaptations for Disabilities

(16 VSA §166b(a)(5))

Definitions: **Course of Study** (b): The Minimum Course of Study means learning experiences adapted to a student's age and ability (16 VSA §906). In addition, for each child being enrolled for the current year, a detailed outline or narrative which describes the content to be provided in each subject area of the minimum course of study, including any special services or adaptations to be made to accommodate any disability. Methods and materials to be used may be included but are not required (16 VSA §166b(a)(5)).

Instructions: In the grid below, briefly provide a detailed outline or narrative that describes the each of the following content areas that will be covered during the school year.

Additionally, if the student has a documented disability, include any special services and/or adaptations specific to each content area. The goal of implementing adaptations is to enable your child to progress as closely to his/her age and ability as can reasonably be expected. Examples for *special services* are: counseling services, speech/language pathologist services, and/or reading comprehension services from the local school district. Examples of *adaptations* include: using calculators, books on tape, speech-to-text software, oral tests, frequent breaks.

If your student will be taking a course at a public school, please identify the course to be taken, any special services and/or adaptations (as needed) and the name of the school where the course will be taken.

****16 VSA §166b(k):** If you have successfully completed the last 2 consecutive school years of home study (within the last 5 years), you shall not be required to submit the MCOS. However, if your child has disability you **must** include description of any special services or adaptations to be made by the home study program to accommodate the disability. **This is required every year, regardless of the MCOS exemption** (16 VSA §166b(l)).

Student Name:

School Year:

Basic Communication skills, including Reading, Writing, and English, American, and Other Literature (i.e. *phonics, speaking/ listening, vocabulary, spelling, grammar*):

Special Services and/or Adaptations for **Basic Communication skills, including Reading, Writing, and English, American, and Other Literature** (as needed)

Mathematics (i.e. *addition, fractions, time, measurement,*):

Special Services and/or Adaptations for **Mathematics** (as needed)

Citizenship, History, and Government in Vermont and the United States (i.e. *history of VT, different cultures and traditions, geography, government,*):

Special Services and/or Adaptations for **Citizenship, History, and Government in Vermont and the United States** (as needed)

Physical Education and Comprehensive Health Education, including the effects of tobacco, alcoholic drinks, and drugs on the human system and on society (i.e. *sports, exercise, first aid, human growth and development, and nutrition*, (NOTE: **Children who are 13 or older are not required to do physical education or health.**):

Special Services and/or Adaptations for **Physical Education and Comprehensive Health Education** (as needed)

Science (i.e. *the scientific method, discoveries and inventions, earth science, physics*):

Special Services and/or Adaptations for **Science** (as needed)

English, American and other Literature (i.e. *plot development, list the authors, titles, and/or genres to be studied*):

Special Services and/or Adaptations for **English, American and other Literature** (as needed)

Fine Arts (i.e. *visual arts, painting, crafts, attend performing arts events*) (**NOTE: Children who are 13 or older are not required to do Fine Arts.:**)

Special Services and/or Adaptations for **Fine Arts** (as needed)

If someone *other than the parents/guardians* are providing ongoing instruction in a subject area of the MCOS, then complete the following (16 VSA §166b(a)(6)). This may include Physical Therapy (PT), Occupational Therapy (OT), speech and language services, Pre-Calculus, other academic instruction by a classroom teacher at a local public or independent school.

Instructor:

Today's Date:

Address:

City:

State:

Zip:

Phone:

E-mail:

Subject Area/Course Name:

Signature of Instructor: _____

Instructor:

Today's Date:

Address:

City:

State:

Zip:

Phone:

E-mail:

Subject Area/Course Name:

Signature of Instructor: _____

Form B

Independent Professional Evidence (Disability) Reporting Form

(16 VSA § 166b(a)(4))

Instructions: If a student has not previously been enrolled in a VT public school or VT Home Study Program, there must be a documentation identifying whether the student has a disability. The documentation must be completed by an independent professional (such as a health care professional, mental health provider or licensed educator or licensed special educator/related service provider) and **cannot** be conducted by parent/guardian/relative of the student.

In lieu of this form (Form B), you may submit one of the following: a special education evaluation, IEP, 504 Plan, results from a screening or summary from a physician, licensed special educator, licensed related service provider, psychologist/psychiatrist, or licensed classroom teacher. Please identify academic, social, emotional, behavioral strengths and challenges or medical conditions that may affect the student's ability to learn.

Today's Date: _____

Student's Name: _____ **Age:** _____

Name of Independent Professional: _____

Position/Title: _____

Address: _____ **City:** _____

State: _____ **Zip:** _____

Phone: _____ **Email:** _____

- Please describe academic, social, emotional, behavioral strengths and challenges or medical conditions that may affect the student's ability to learn.
- Does the student have a disability? Yes No
- Based on your knowledge of the student and his/her disability, what accommodations, modifications and/or adaptations would you recommend?
- Additional comments/suggestions:

Signature: _____ Date: _____

End of the Year Assessment (EOYA) (16 VSA §166b(d))

Every student must have an end of the year assessment. Students cannot be re-enrolled in Home Study for the following year until a EOYA has been completed (it is preferable that the EOYA and the enrollment forms for a renewal arrive at the same time). There are 3 different options for the EOYA; 1) A report by a VT licensed teacher, 2) a report by the parents/guardians, instructor or publisher of a commercial curriculum, **and** a portfolio of student work or 3) results of a standardized achievement test (keep in mind that most standardized tests do not cover all areas of the MCOS, thus an addition of a parent/guardian report and portfolio or a teacher assessment may be necessary). As a reminder: It is recommended that the assessment includes a face-to-face meeting with the student, if the EOYA includes a report by a VT licensed teacher.

Instructions for the Licensed Teacher: Please meet with each student to measure progress. Explain in the grid below how you assessed the student's skills to determine that the student made progress based on age and ability (i.e. student read to you or you reviewed work samples). Be sure to ask the parents/guardians if the student has a disability. **If the student does not have a documented disability, then the Special Services and/or Adaptations sections within the grid are not required.**

Name of Student:	Today's Date:
School Year:	Date of Assessment:
VT licensed Teacher's Name:	
VT licensed Teacher's Address:	
VT licensed Teacher's Phone:	VT licensed Teacher's Email:

Basic Communication skills, including Reading, Writing, and English, American, and Other Literature (i.e. *phonics, speaking/ listening, vocabulary, spelling, grammar*):

Special Services and/or Adaptations for **Basic Communication skills, including Reading, Writing, and English, American, and Other Literature** (as needed)

Mathematics (i.e. *addition, fractions, time, measurement,*):

Special Services and/or Adaptations for **Mathematics** (as needed)

Citizenship, History, and Government in Vermont and the United States (i.e. *history of VT, different cultures and traditions, geography, government,*):

Special Services and/or Adaptations for **Citizenship, History, and Government in Vermont and the United States** (as needed)

Physical Education and Comprehensive Health Education, including the effects of tobacco, alcoholic drinks, and drugs on the human system and on society (i.e. *sports, exercise, first aid, human growth and development, and nutrition*, (NOTE: Children who are 13 or older are not required to do physical education or health.):

Special Services and/or Adaptations for **Physical Education and Comprehensive Health Education** (as needed)

Science (i.e. *the scientific method, discoveries and inventions, earth science, physics*):

Special Services and/or Adaptations for **Science** (as needed)

English, American and other Literature (i.e. *plot development, list the authors, titles, and/or genres to be studied*):

Special Services and/or Adaptations for **English, American and other Literature** (as needed)

Fine Arts (i.e. *visual arts, painting, crafts, attend performing arts events*) (NOTE: **Children who are 13 or older are not required to do Fine Arts.**):

Special Services and/or Adaptations for **Fine Arts** (as needed)

Has the student made progress commensurate with age and disability?	Yes	No
Comments:		